

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1100000	
OMB APPROVAL	
OMB Number: Expires: Estimated average burden hours per response	

SEC USE ONLY							
Prefix	Serial						
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DATE RECEIVED							
	1						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)									
Long-Short Equity Group Segregated Portfolio of Greenwich Investable Index Groups Fund SPC, Ltd.: Offering of Shares									
Filing Under (Check box(es	) that apply):	☐ Rule 504	☐ Rule 505		☐ Section 4(6)	□ ULOE			
Type of Filing:	New Filing	□ An	nendment						
		A. BAS	IC IDENTIFICATIO	N DATA					
Enter the information	tion requested ab	out the issuer							
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)  Long-Short Equity Group Segregated Portfolio of Greenwich Investable Index Groups Fund SPC, Ltd.									
Address of Executive Office Nine Greenwich Office F		per and Street, City Greenwich, CT 0	, State, Zip Code) 6831	1	ephone Number (Incl 3) 869-9877	uding Area Code)			
Address of Principal Busine (if different from Executive			City, State, Zip Cod	e) Tel	ephone Number (Incl	uding Area Code)			
Brief Description of Business The objective of the fund is to invest, reinvest & trade in securities.  PROCESSED									
Type of Business Organizat  ☑ corporation  □ business trust	tion		rtnership, already fo artnership, to be forr		JA other please speci	N 0 7 2008 fy): IOMSON			
Actual or Estimated Date of		Organization:	Month Ye. 10 20	er <b>07</b> ⊠ Actual	□ Estimated	VANCIAL			
Jurisdiction of Incorporation	n or Organization:	•	r U.S. Postal Servic FN for other foreig		State: FN				

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filling must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filling Fee: There is no federal filling fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner					
Full Name (Last name first, if individual)  Greenwich Alternative Asset Management, LLC (the "Investment Manager")									
Business or Residence Address (Number and Street, City, State, Zip Code) Nine Greenwich Office Park, 2 <sup>nd</sup> Floor, Greenwich, CT 06831									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	⊠ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Whelan, Thomas B.									
Business or Residence Address (Num Nine Greenwich Office Park, 2 <sup>nd</sup> Floor,	ber and Street, City, State, Z Greenwich, CT 06831	ip Code)							
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner			☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Markby, Julian									
Business or Residence Address (Num Nine Greenwich Office Park, 2 <sup>nd</sup> Floor,	ber and Street, City, State, Z Greenwich, CT 06831	ip Code)							
Check Box(es) that Apply:  ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Van, John C.									
Business or Residence Address (Number and Street, City, State, Zip Code) One Burton Hills Blvd., Suite 375, Nashville, Tennessee 37215									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									

(Number and Street, City, State, Zip Code)

**Business or Residence Address** 

B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to self, to non-accredited investors in this offering?							Yes	No IXI				
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								\$1,000	_			
			*(Subject	to the wa	iver of the	Investme	nt Manage	r)			· · ·	Al-
3. Doe	s the offerin	g permit joi	nt ownersh	ip of a sing	gle unit?						Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	ne (Last nai	•	ndividual)									
	Capital Gross or Reside		oo /Numbo	r and Stra	ot City S	tato Zin C	odo)					
			•				oue)					
	rton Hills Bl f Associated			/ille, Lenn	essee 3/2	15						
1401110-0	77.0000101	2 Broker er	Dodioi									
States in	n Which Pe	rson Listed	l Has Solic	ited or Inte	ends to So	licit Purcha	asers					
	(Check "All	States" or	check ind	ividual Sta	ites)							States
(AL) [ <b>IL]</b> [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] <b>[TN]</b>	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	<b>[FL]</b> [MI] [OH] [WV]	<b>[GA]</b> [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)
Full Nar	ne (Last na	me first, if i	ndividual)									
						,, <u></u>						
Busines	s or Reside	nce Addre	ss (Numbe	er and Stre	et, City, S	tate, Zip C	ode)					
Name o	f Associate	d Broker o	Dealer									
States i	n Which Pe	rson Listed	Has Solid	ited or Int	ends to So	licit Purch	asers					
	(Check "Al	States" or	check ind	ividual Sta	ates)					,	□ Ali	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA} [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nar	me (Last na	me first, if	ndividual)	•						···		
Busines	s or Reside	nce Addre	ss (Numbe	er and Stre	et, City, S	tate, Zip C	ode)					
Name o	Name of Associated Broker or Dealer											
States i	n Which Do	roop Lintor	Luc Solic	itad or lat	ands to Sa	ligit Durch	acare					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)							ПАІ	l States				
(AL) (IL) [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSE	S AND	USE O	F PROC	EEDS				
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question  1 and total expenses furnished in response to Part C - Question 4.a. This difference is the  "adjusted gross proceeds to the issuer."  \$999,960,000									
5.	Indicate below the amount of the adjusted gros used for each of the purposes below. If the a estimate and check the box to the left of the esti the adjustment gross proceeds to the issuer set for	mount for any purpose is not kr mate. The total of the payments I	iown, fui isted mu	mish ar st equa	)					
		Ó Dire	ments to fficers, ectors, & filiates		Payments to Others					
	Salaries and fees		X	\$	0	X	\$	0		
	Purchase of real estate		X	\$	0	X	\$	0		
	Purchase, rental or leasing and installation of r	machinery and equipment	X	\$	0	X	\$	0		
	Construction or leasing of plant buildings and f	acilities	X	\$	0	X	\$	0		
	Acquisition of other businesses (including the this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of								
		*	X	\$	0	X	\$	0		
	Repayment of indebtedness		X	\$	0	X	\$	0		
	Working capital		X	\$	0	X	\$	0		
Other (specify): Investment Program/Securities				\$	0	X	\$ <u>999</u>	9,960,000		
	Column Totals		X	\$	0	X	\$ <u>999</u>	9,960,000		
	Total Payments Listed (column totals added)	$\boxtimes$	\$ <u>999,960,000</u>							
		D. FEDERAL SIGNATURE								
foll	e issuer has duly caused this notice to be signed bowing signature constitutes an undertaking by the uest of its staff, the information furnished by the iss	e issuer to furnish to the U.S. Se	curities	and Exc	change C	ommiss	sion, u	pon written		
Lo	uer (Print or Type) ng-Short Equity Group Segregated Portfolio of eenwich Investable Index Groups Fund SPC, l.	Signature July Van		Da 12	ite /17/2007					
	me (Print or Type) hn C. Van	Title of Signer (Print or Type) Chief Compliance Officer of t	he Inve	stment	Manage	r				

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)